

Letter of Appeal for Health Insurance Coverage

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the recent decision regarding my health insurance coverage under policy number [Policy Number]. I received notification on [Date of Notification] that my claim for [Specific Treatment/Procedure] was denied due to [Reason for Denial].

I believe that this decision was made based on [Brief Explanation of Your Situation/Medical Necessity]. Supporting documents, including my medical records and recommendations from my healthcare provider, are attached to this letter for your review.

Given the critical nature of the treatment that I require, I kindly request a thorough review of my appeal. Please reconsider my case in light of the evidence provided, and I would appreciate a written response regarding this matter as soon as possible.

Thank you for your prompt attention to my appeal. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]